

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WELLS NATURE VIEW III (0009393)

Address: 2711 SOUTH APPLE AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095821 **End Date:** 10/12/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095371 **End Date:** 08/02/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091286 **End Date:** 09/26/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005247 Served 10/18/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	08/02/2005	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	08/02/2005	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	08/02/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 10/16/2003 **SOD #**10005247 **Appealed:** No

Sanctions

OTHER SANCTION

FORFEITURE---83.14(3)

FORFEITURE---83.14(7)(b)

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Complaint History

Date Complaint Received: 09/01/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)

MEDICATIONS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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